

# EIGHTEENTH REPORT

OF THE

## DIRECTORS

OF THE

### DUNDEE LUNATIC ASYLUM,

*For the Year ending 31st May, 1838.*

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THE Directors have two objects in view in coming before the public with the Annual Report. Being elected to their office by the suffrages of others, they feel the obligation of giving to their constituents an account of the manner in which they have discharged the trust reposed in them, and also of keeping alive in the public mind a feeling of interest towards a most useful and benevolent Institution. It will be admitted that insanity is the heaviest evil incident to our nature; and the lunatic, being in the most hapless condition in which man appears in his present state of existence, has the most urgent claim to the sympathy of his brethren. Is man distinguished among the works of God in being the child of reason? How degraded is his condition when reason is clouded, when he is seen raging like a beast of prey, bound in chains that he may neither injure himself or others? Is his condition less pitiable when his spirit sinks, when his ear will not listen to the sound of comfort, when the voice of kindred or of friendship excites only emotions of anger or sadness—when imaginary phantoms float before his mind—or lost to every hope of mercy, he is anticipating the misery of the eternal world? As we know but little of the operations of mind, and cannot discern the mysterious link that connects it with our corpo-

real frame—as we know not how matter and spirit act and re-act on each other, it may be supposed that the causes of insanity lie far beneath the depth of human research, and that less will be known of this disease than of any other. It appears also in an almost infinite variety of forms—sometimes one chord of the machine is affected, and sometimes another—sometimes an illusion elevates, and sometimes it depresses—sometimes a phantom gladdens, and sometimes it alarms—sometimes an aberration invigorates, and sometimes it overpowers. The remedies applied have also different effects on different constitutions; and in whatever aspect the disease appears, it has a claim on our warmest sympathy and attentive regard. The experience of former ages has conferred benefits of no small importance on the present generation—theories have in some measure been abandoned, and facts have been accumulated to a large amount, for the guidance of those who undertake the charge of insane persons in the present day. Lunatic Asylums are but of recent origin, and one of the greatest advantages resulting from the establishment of them is the experience conferred on those who are entrusted with their management. In the Asylum at Hanwell there are now 640 patients, and all of them under the inspection of one Superintendent, who has the advantage not only of prescribing the remedies, but also of directing the treatment in every respect; and who has thus opportunities of observation, and means of conducting experiments, which never could be obtained in private practice.

In no department of medical science has there been such marked improvement as in the treatment of lunacy. It is, however, to the change in the moral treatment, which lies more immediately in the province of the Directors, that they take leave to solicit public attention. Gentleness, candour, exercise and useful labour, have now succeeded to harshness, deception, inactivity and rest. The hands that were formerly bound in chains are now handling the spade and the mattock; the mind that was once bewildered by the arts of false representation, is now soothed by the voice of truth; the solitude and rest which once benumbed



the faculties, and rendered torpid all our energies, are now exchanged for the employments of social life; and the heart once sunk in the gloom of religious melancholy, is now gladdened by the sound of praise and the tidings of salvation.

In former Reports the different occupations of the patients have been particularly detailed, and the same variety of employment has been pursued during the year to which this Report refers, with the same beneficial results; and the Directors, from farther experience, are confirmed in the conviction, that while these occupations afford a considerable addition to the annual income, and thus diffuse more widely the benefits of the Institution, they are likewise a remedial measure of the first importance, essentially promoting the health and comfort of the patients. Farther explanation on this point is unnecessary, as the following Table will shew the number of male and female patients employed and the variety of their occupations.

	Males.	Females.	Total.
Weaving linen for sheeting, cotton bagging, &c.	13	5	18
Picking oakum, . . . . .	5	0	5
Tailoring and mat-making, . . . . .	1	0	1
Cutting firewood, . . . . .	1	0	1
Mangling clothes, . . . . .	1	0	1
Pumping water for the use of the establishment, . . . . .	2	0	2
Breaking metal for the turnpike road, and gardening, trenching, and laying out ground, . . . . .	21	0	21
Domestic purposes, . . . . .	1	0	1
Shoemaking and mending, . . . . .	2	0	2
Cabinetmakers, . . . . .	1	0	1
Clerks, . . . . .	1	0	1
Dressmaking, . . . . .	0	3	3
Shoe-binding, . . . . .	0	1	1
Spinning, . . . . .	0	11	11
Winding for weavers, . . . . .	0	6	6
Knitting, . . . . .	0	1	1
Shirtmaking, . . . . .	0	2	2
Quiltmaking, . . . . .	0	1	1
Upholsterers' work, . . . . .	0	2	2
Staymaking, . . . . .	0	1	1
Flowering muslins, . . . . .	0	1	1
Fringe-making, . . . . .	0	1	1
Repairing bedding and clothes, . . . . .	0	4	4
Worsted works, . . . . .	0	3	3
Assisting in laundry, . . . . .	0	1	1
„ in scullery, . . . . .	0	1	1
„ in kitchen, . . . . .	0	1	1
„ in bed-rooms . . . . .	0	2	2
Total, . . . . .	49	47	96

*Work done by male lunatics.*

- 102 Webs of bagging wove.
- 84 „ of sheeting, osnaburg, canvas, and sacking.
- 26 cwt. oakum picked.
- 20 Pairs trousers made, in addition to many mended.
- 17 Waistcoats ditto.
- 18 Flannel jackets ditto.
- 15 Coats and jackets ditto.
- 26 Pairs drawers ditto.
- 211 Cubic yards metal broke.
- 60 Pairs leather shoes and boots made, in addition to many mended.
- 2 Chests mahogany drawers made.
- 1 Book case ditto.
- 1 Chiffonier ditto.
- 2 Sets steps ditto.
- 1 Table, &c. ditto.

In addition, the patients made a large mound, which is alluded to in the medical report.

*Work done by female lunatics.*

- 25 Short gowns made.
  - 35 Long ditto ditto.
  - 50 Aprons ditto.
  - 200 Caps ditto.
  - 40 Petticoats ditto.
  - 50 Shifts ditto.
  - 30 Mattresses ditto.
  - 30 Bolster-cases ditto.
  - 50 Pillow ditto ditto.
  - 30 Pairs sheets ditto.
  - 20 Ditto stays ditto.
  - 36 Flannel waistcoats ditto.
  - 20 Pairs flannel drawers ditto.
  - 36 Ditto stockings knitted ditto.
  - 88 men's shirts ditto.
  - 86 Webs sheeting wove.
  - 400 Spindles hemp spun.
  - 250 handkerchiefs hemmed.
  - 60 Pairs shoes bound.
- And winding pins for 272 webs.

Several occurrences prevented the labour of the patients from being productive during the last year. The heavy fall of snow confined them to their apartments for nearly two months; the stagnation in trade threw out of employment some of those who were engaged in manufactures; and the employment of others in work connected with the new buildings, though useful, does not appear in the view of profit to the Establishment.

Nor is it necessary to advert particularly to the effects of the introduction of public worship into the Asylum, that subject having been fully discussed in former Reports. Not many years ago the idea of some hundreds of lunatics met to engage in the services of religion, would have been generally treated with derision. But here again theory has yielded to experiment, and the experiment has succeeded beyond the most sanguine expectation of its supporters. As man is a being endowed with moral feeling and religious principle, he is elevated when his thoughts are directed to the Supreme Ruler; his desires are checked and controlled by the prospect of eternity; his sufferings are alleviated by the knowledge of him who bore our griefs and carried our sorrows, and with the exception of those who are prevented by bodily infirmity, or are labouring under some extreme misconception of divine truth, all the inmates of the Asylum meet together on the first day of the week, and join in the



services of religion, not only with outward decency, but seemingly with the fervour of a devotional spirit; and it is confidently believed, that some of those who have returned to their home from this supposed abode of woe, have felt themselves enriched by the noblest of all blessings, that peace of God which passeth all understanding, and that they have been enabled to declare to others what the Lord has done for their souls. It surely must be a high gratification to the feelings of the relatives of any patient to receive him from such an Institution with his mental health restored; improved in regard to his spiritual state, and all things working together for his good. Our own experience of the happy effects of the introduction of public worship into the Asylum, has been confirmed by the reports of similar Institutions. It is stated in these reports that the Sabbath was the period of the greatest restlessness and ennui; that it was then the serious or melancholic lamented most the loss of his religious privileges; that the careless was most impatient of restraint, and that these hours of impatience and weariness, have been solemnized by religious exercises, and that quietness and tranquillity have thus been diffused throughout all the apartments of their Establishment. The usual number of patients at present attending public worship in this Asylum is 61 males, and 59 females, which is a large proportion of the whole number of 82 males and 64 females now resident in the House.

The attention now paid to the unhappy lunatic, and the improvement of the treatment of him, must be considered as highly creditable to the present age. How different would have been the condition of the inmates of this Asylum if they never had enjoyed the benefit of it, or any other institution. Can an insane person be placed in more unfortunate circumstances than in the bosom of his own family? How distressing to the lunatic himself must be the consideration that the nearest of his relatives are the most bitter of his enemies, and the most designing of his persecutors? How painful to the relatives must be the thought, that their every word and every deed is subject to the most cruel and fanciful misrepresentation; that the purest acts

of kindness, are thought to proceed from the most selfish and hostile motives; that every attempt to soothe and comfort serves only to excite greater animosity and acerbation of spirit. How desirable is it that the unhappy object be removed as quickly as possible from a scene where every feeling is wounded, and every event that occurs opens up a new source of woe, and where the condition of the parties frequently cannot support the necessary trouble and expense.

Is the patient subjected to close confinement and severe restraint? He is then treated as a criminal; and for the afflictions sent in the wisdom of God he is punished by the hand of man. Cut off from intercourse with his brethren, his social affections wither, he becomes dead to every enjoyment suited to our immortal nature, and a heavy responsibility hangs over the authors of such unfeeling cruelty.

Is he totally neglected by his relations, and suffered to roam at large? If violent, his own life is in danger, he is an annoyance to others, and a terror to the neighbourhood; if harmless, he becomes the sport of children, the derision of the thoughtless, a disgusting spectacle of filthiness, from which the eye of modesty turns away, and he soon sinks under the total destitution of all the necessities of life.

Not many years ago there was not within the boundaries of these realms an Institution such as the Dundee Asylum. Man has no doubt been subject to this heavy calamity during every period of the ages that are past: but the farther we trace back the history of our race, we fear, the condition of the fatuous and imbecile will appear to have been the more neglected and misunderstood. Lunacy is a subject on which superstition may be supposed to have exercised her most baneful influence. The fury of the maniac must necessarily be restrained, that the peace of society be not disturbed; but the notion that an insane person is possessed, whether by the good or evil spirit, is a supposition equally opposed to his welfare. If he be an object of veneration, no remedy will be thought necessary; if an object of dread,



the means employed as a cure may aggravate the evil, but will not promote recovery. If the nature of a disease be wholly misunderstood, the remedy applied may be supposed to be wholly inapplicable, if not fatal and destructive. The cloud of darkness which was for a long time suspended over this unhappy class of our fellow mortals is now dispelled. The feeling of reverence has subsided, the emotion of terror has passed away; we now behold a brother bending under the heaviest burden of humanity, and are attached to him by the tenderest ties of sympathy and condolence. The spirit of Christian philanthropy has now erected splendid edifices for the reception of the insane, and adopted all the improvements of modern science in ameliorating their condition and sweetening their cup of sorrow.

If the humane and liberal spirit of modern society appear in the treatment of lunatics, the Dundee Asylum must be considered as a splendid specimen of that humane and liberal spirit. It had its origin in public sympathy, it has been watched over by the eye of pity, and fostered by the hand of charity. As the Institution is placed under the inspection of Directors annually elected by public bodies and corporations, the relatives and guardians of patients may rely with perfect confidence, that the comfort and welfare of those admitted into the house of every class, will be watched over with the utmost care; that the prescriptions of the physician will be the result of deep study, long experience and practical skill; that the Superintendent and Matron will not only be assiduous in shewing personal attentions to each of the patients, but will secure to them the unremitting services of the keepers; that ample means are provided for keeping the patients, whatever may have been their previous habits, perfectly clean and neat; that the best articles of every kind of food are provided for their maintenance; that the labours and exercises in which they are engaged are not compulsory, but designed for promoting the health, comfort, and welfare of the patients themselves, and that the private interests and feelings of all the office bearers are in perfect harmony with the usefulness of the Institution. The Directors, being themselves

fully convinced of the value of such an establishment in the midst of a large and increasing population, are anxious in their Annual Report to impress this conviction on the public mind, and solicit the countenance and co-operation of their brethren in affording more full and effectual relief to the wants of the whole community.

In regard to the business of the Establishment during the year to which this Report refers, the chief topic that claims our attention is the extension of the buildings. It is known to all who have attended to the concerns of this Institution, that the plan originally adopted, nearly 30 years ago, was found to be greatly too limited; and that, in the space of five years after the House was opened, it was found necessary to procure a plan on a much larger scale, and that different parts of this extended plan have been executed from time to time, as funds could be provided, and the wants of the public required; and that there has been a gradual increase in the applications for the admission of patients since the commencement of the Establishment. It has been stated in the Report of the preceding year, that the Directors, from the want of accommodation, had been under the painful necessity of refusing admission to a number of cases, some of them of an urgent nature, where access could not be found to another Institution. Now, as there had been a considerable surplus income for a series of years, and the debt had been considerably reduced, it was unanimously resolved to make a farther extension of the buildings; and as the number of male patients exceeded that of the female, it was thought advisable that the enlargement should be on the male side. The Directors accordingly contracted with tradesmen for widening to the extent of  $4\frac{1}{2}$  feet, and for heightening to the extent of another storey the south side of the original building, including the centre day-room. This work has been executed some months ago, and the new apartments are now occupied with patients. The whole expense of this addition, including a bath, and boiler-house, and some alterations which the nature of the work rendered necessary, amounts to £2097 14s. 8d. As the demand for the admission of



patients was still increasing, and the funds more prosperous than ever, and as the portion of the west wing of the original building that required to be enlarged was but inconsiderable, the Directors have resolved to complete the extended plan by Mr Burn on the male side. This part of the work has also been contracted for—is now in progress, and is expected to be finished in the course of next autumn. The expense will be about £1350 5s. When this wing is completed, the public will see distinctly what is the plan and extent of the whole buildings. They are certainly of a magnitude which could not have been anticipated even a few years ago, and which the Directors would not have been warranted in recommending without an increasing demand for the admission of patients, and an increasing income arising to the Institution. The male side, now about to be completed, will include five spacious airing grounds, nine commodious day rooms, a splendid gallery in each storey, reaching nearly to the extreme points of the building, cold, hot, and shower baths—three of each, in situations of easy access to the patients; whilst a detached range of buildings, or north wing, is appropriated for workshops, in which weavers, wrights, and other tradesmen, pursue their daily avocations. In the mean time it has been found necessary for the accommodation of the females to remove the males from the whole of the centre building, and while the accommodation of the males is restricted to the west wing, it will be too confined, especially if the number continue to increase; but it is greatly superior both in extent and elegance to the accommodation on the female side, and there is no propriety in these advantages of the males over the other sex being of a permanent nature.

Though much has been done, and many exertions have been made, in carrying on the buildings towards their completion, yet no inconsiderable part of the plan remains to be executed. To complete the east wing in the same way in which the work will soon be executed on the west or male side, the south wing, according to Mr Burn's extended plan, has to be built, and the whole of the original building, according to Mr Stark's plan, has to be enlarged; ad-

ditional baths are also required, and the expense of completing the whole work on the east wing, making it equal to the west, cannot be estimated at a sum under L.6000. But there are other objects which the Directors hold to be of equal importance, and which ought not for a moment to be kept out of view—the liquidation of the debt, and the reduction of the lowest rates of board. The annual payment for the parish of Dundee for board, amounts to L.520, and country parishes cannot, from their ordinary funds, maintain two or three patients in the House, and the hard measure of an assessment thus becomes necessary; which when once imposed cannot be withdrawn. Besides, persons of small incomes, unable to pay high rates of board, are forced upon the parish; whereas, if the rates had been low, they would have escaped this reproach, and preserved their spirit of independence. Though this Institution, considering its recent origin and limited means, be now far advanced in promoting the public benefit, and though it be in a state of increasing prosperity, the Directors are still anxious that it should be considered in the light of a public charity. For the more extensive the buildings the more widely will the benefit of the Institution be communicated; the smaller the amount of debt the lower will be the rate of board, and relief will thus be brought nearer the most hapless and destitute of our race.

As the number of patients in the House is now greater than in any preceding year the revenue has amounted to the sum of L.3701 15s. 5d.; which exceeds that of the last year by L.340 16s. 7d.; and, after allowing L.424 15s. 10d, for decay of buildings and tear and wear of furniture, there is a clear surplus income of L.520. As the contracts for provisions were higher than those of the preceding year, and as an addition was made to the wages of the servants, this surplus must be considered as a decided proof of the prudent and judicious management of the affairs of the charity. Indeed there could be pointed out similar institutions where the number of patients is not much greater, where there is not only no debt but a considerable amount of capital, where the rates of board are higher, and where the annual expen-



diture is more than double that of this Asylum. The Directors anticipate a still greater amount of income, and consequently of saving, during the succeeding year.

An unexpected charge of L.83 2s. 3d. for assessed taxes on windows, keepers, and horse, has in some measure darkened the fair prospects of the Directors, and disappointed their hopes in speedily accomplishing the great design of the Institution. An appeal for exemption to the County Commissioners has been successful; but an appeal from their judgment to the Barons of Exchequer, on the part of the Surveyor of Taxes, it is feared, may not be attended with a result so favourable to the interests of the Asylum, as adverse judgments have been given by the English Judges, in circumstances where the claims to exemption seem to be fully as strong as in the case of this Asylum. If the ultimate decision shall be in support of the charge, the Directors are quite willing to join all their efforts, with those of the Directors of similar Institutions, in seeking relief from an impost which will render their labours in some degree fruitless, and which ought never to be levied in the case of a public charity; being in fact a tax upon poverty, and the lowest degree of human wretchedness.\*

This Asylum has hitherto been distinguished for the healthy state of the patients. They wholly escaped the cholera which was so fatal to many in similar Institutions; and the influenza, which swept so generally over the country last year touched but slightly the inmates of this House. Though the weather during last winter was for a long time extremely severe, and the patients necessarily excluded from exercise in the open air, they nevertheless continued in a healthy state. The number of deaths during the year was 8, which may be rated at 6 per cent. The annual number of deaths, at an average of six years, in the Lancaster Asylum is 24 per cent.; the average number for the same period in Wakefield is 18; and 12 in Hanwell, distinguished for its healthy situation, and its management approaching to the highest point of excellence. During the year 1837 the

\* The Lords of the Treasury have ordered this charge to be withdrawn.

number of deaths in the Glasgow Asylum was 15, or about 10 per cent.; 10 per cent. is also the average number in the Perth Asylum for ten years. There is no doubt but the Asylum of Dundee, in respect of the health of the patients, may be favourably contrasted with the most celebrated Institutions in the world. We have here a convincing proof of the skill and attention with which the medical department is conducted, of the watchful care over the patients in respect of food, clothing, exercise, and the state of their sleeping apartments; and it is a fact shewing the unremitting vigilance with which the Superintendent and Matron regard the comfort of all classes of patients, not a single instance of suicide has occurred since they presided over the concerns of the Establishment, and at the period at which this Report is written, with the exception of two males and two females, the whole of the patients are free from every kind of restraint whatever.

In the Medical Report year after year the recommendation has been repeated, that early application should be made for admission into the House; and the Directors, feeling the importance of this recommendation, are anxious to lend to it the full weight of their authority. Is it a maxim adopted in common life that we should repair a vestment before the rent be made worse; and in morals that we should restrain an unruly passion before it be strengthened by indulgence, and correct an evil habit before it be confirmed? And if it be a fact then that the cures effected in any Asylum are in proportion to the time the patient has been subject to the disease—the difficulty of cure increasing with the duration of the disease—then the friends and guardians of the insane are incurring a heavy responsibility for every hour they retain patients under their own management, and withhold them from the best medical and moral treatment within their reach. The Directors again take leave to repeat a recommendation the importance of which is acknowledged by universal experience.

In the domestic economy of the Establishment nothing has occurred that has much claim to be noticed in this Report. The Directors have received no complaints against



any of the servants or keepers, and have reason to believe that as some of them have been long in the House, have the advantage of much experience, of being trained to habits of order and regularity, they have a just claim to commendation for their steadiness, sobriety, and attention to their respective duties.

But whilst the Directors feel that their best wishes are engaged in behalf of this Asylum, and whilst they are desirous to interest the feelings of the public in the same object, it is but an act of justice to state, that this prosperity which is so gratifying to all, has been chiefly owing to the officebearers who reside within the House, under whose eye and charge the patients are immediately placed, and who are always present, with wisdom and ability to direct the affairs of the Institution.

While the Directors feel truly grateful for the success with which their labours have been accompanied, it is their earnest desire that all hearts may unite in fervent prayer to the Great Disposer of all events, that the seed thus sown, and which has sprung up so luxuriantly, may become a tree whose branches shall cover the land, under whose shade the most hapless and miserable of our race may recline in safety, as under the shadow of the Almighty, whose ways are now inscrutable, but amid the darkness that is about him, discerns the thoughts and imaginations of all hearts, and who will not forget our work and labour of love.

The Directors express their warmest thanks for the legacies and donations received during the year. To Mr Erskine of Linlathen, for a grant of gravel for the use of the walks. They also vote their thanks to the Weekly Committee, House Visitors, Physician, Superintendent and Matron, Chaplain, Treasurer and Secretary, and feel highly gratified with the fidelity with which they discharge their duties, and the lively interest they take in the welfare of the Institution.

# ABSTRACT

## OF THE

### MEDICAL REPORT TO THE DIRECTORS.

18th June 1838.

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#### YEARLY RETURN OF LUNATICS IN THE DUNDEE ROYAL LUNATIC ASYLUM,

*From 19th June 1837 to 18th June 1838.*

|                                                     | Males. | Females. | Total. |
|-----------------------------------------------------|--------|----------|--------|
| Remained 19th June 1837, .                          | 72     | 59       | 131    |
| Admitted during the above period, .                 | 30     | 12       | 42     |
| Total, .                                            | 102    | 71       | 173    |
| Discharged cured, . . .                             | 13     | 3        | 16     |
| Ditto improved, . . .                               | 1      | 3        | 4      |
| Ditto by desire, . . .                              | 1      | 0        | 1      |
| Died, . . . . .                                     | 7      | 1        | 8      |
| Total, .                                            | 22     | 7        | 29     |
| Remaining 18th June 1838, . . .                     | 80     | 64       | 144    |
| Total, .                                            | 102    | 71       | 173    |
| Daily average number of patients in }<br>the House, | 77     | 60       | 137    |



TABLE OF ADIMSSIONS ACCORDING TO THE CAUSES OF INSANITY,  
SO FAR AS CAN BE ASCERTAINED.

| PHYSICAL CAUSES.                            |                                 | Males. | Females. | Total. |
|---------------------------------------------|---------------------------------|--------|----------|--------|
| Hereditary tendency,                        | .                               | 6      | 1        | 7      |
| Childbirth, with hereditary predisposition, |                                 | 0      | 1        | 1      |
| Drunkenness,                                | .                               | 5      | 1        | 6      |
| Ditto                                       | with hereditary predisposition, | 2      | 0        | 2      |
| Licentiousness,                             | .                               | 1      | 0        | 1      |
| Apoplexy,                                   | .                               | 1      | 0        | 1      |
| Fever,                                      | .                               | 1      | 0        | 1      |
| Masturbatio,                                | .                               | 1      | 0        | 1      |
| Total,                                      |                                 | 17     | 3        | 20     |

| MORAL CAUSES.                                               |                                 | Males. | Females. | Total. |
|-------------------------------------------------------------|---------------------------------|--------|----------|--------|
| Care, with hereditary predisposition                        | .                               | 1      | 0        | 1      |
| Fright,                                                     | .                               | 1      | 0        | 1      |
| Ditto, with hereditary predisposition,                      | .                               | 0      | 1        | 1      |
| Disappointments,                                            | .                               | 2      | 0        | 2      |
| Ditto,                                                      | with hereditary predisposition, | 3      | 0        | 3      |
| Domestic Grief,                                             | .                               | 0      | 2        | 2      |
| Ditto Trials,                                               | .                               | 0      | 1        | 1      |
| Disappointed ambition,                                      | .                               | 1      | 0        | 1      |
| Ditto love, with hereditary predisposition,                 |                                 | 0      | 1        | 1      |
| Neglected education, with hereditary pre-<br>disposition,   | }                               | 0      | 1        | 1      |
| Reverse of fortune,                                         | .                               | 1      | 0        | 1      |
| Passionateness,                                             | .                               | 1      | 0        | 1      |
| Excess of joy, with hereditary predisposition,              |                                 | 1      | 0        | 1      |
| Religious apprehensions, with hereditary<br>predisposition, | }                               | 0      | 1        | 1      |
| Wounded self-love,                                          | .                               | 0      | 1        | 1      |
| Unknown,                                                    | .                               | 2      | 1        | 3      |
| Total,                                                      |                                 | 13     | 9        | 22     |

TABLE OF ADMISSIONS RELATIVE TO AGES.

|                             |   |   | Males. | Females. | Total |
|-----------------------------|---|---|--------|----------|-------|
| From 15 to 20 years of age, | . | . | 3      | 1        | 4     |
| „ 20 to 25                  | „ | . | 4      | 2        | 6     |
| „ 25 to 30                  | „ | . | 5      | 2        | 7     |
| „ 30 to 35                  | „ | . | 5      | 1        | 6     |
| „ 35 to 40                  | „ | . | 4      | 2        | 6     |
| „ 40 to 45                  | „ | . | 2      | 2        | 4     |
| „ 45 to 50                  | „ | . | 1      | 1        | 2     |
| „ 50 to 55                  | „ | . | 3      | 0        | 3     |
| „ 55 to 60                  | „ | . | 2      | 0        | 2     |
| „ 60 to 65                  | „ | . | 1      | 0        | 1     |
| „ 65 to 70                  | „ | . | 0      | 1        | 1     |
| Total,                      | . | . | 30     | 12       | 42    |

TABLE OF ADMISSIONS RELATIVE TO AGES AND SEXES, CLASSED  
ACCORDING TO THEIR FREQUENCY.

| Males.                      |   |   |   |   |    |
|-----------------------------|---|---|---|---|----|
| From 25 to 30 years of age, | . | . | . | . | 5  |
| „ 30 to 35                  | „ | . | . | . | 5  |
| „ 20 to 25                  | „ | . | . | . | 4  |
| „ 35 to 40                  | „ | . | . | . | 4  |
| „ 15 to 20                  | „ | . | . | . | 3  |
| „ 50 to 55                  | „ | . | . | . | 3  |
| „ 40 to 45                  | „ | . | . | . | 2  |
| „ 55 to 60                  | „ | . | . | . | 2  |
| „ 45 to 50                  | „ | . | . | . | 1  |
| „ 60 to 65                  | „ | . | . | . | 1  |
| Total,                      | . | . | . | . | 30 |

| Females:                    |   |   |   |   |    |
|-----------------------------|---|---|---|---|----|
| From 20 to 25 years of age, | . | . | . | . | 2  |
| „ 25 to 30                  | „ | . | . | . | 2  |
| „ 35 to 40                  | „ | . | . | . | 2  |
| „ 40 to 45                  | „ | . | . | . | 2  |
| „ 15 to 20                  | „ | . | . | . | 1  |
| „ 30 to 35                  | „ | . | . | . | 1  |
| „ 45 to 50                  | „ | . | . | . | 1  |
| „ 65 to 70                  | „ | . | . | . | 1  |
| Total,                      | . | . | . | . | 12 |



TABLE OF ADMISSIONS RELATIVELY TO THE VARIETIES OF INSANITY.

|                      | Males.    | Females.  | Total.    |
|----------------------|-----------|-----------|-----------|
| Monomania, . . . . . | 15        | 5         | 20        |
| Mania, . . . . .     | 9         | 7         | 16        |
| Dementia, . . . . .  | 6         | 0         | 6         |
| Idiotcy, . . . . .   | 0         | 0         | 0         |
| Total, . . . . .     | <u>30</u> | <u>12</u> | <u>42</u> |

TABLE OF ADMISSIONS RELATIVELY TO THE CIVIL CONDITION.

|                      | Males.    | Females.  | Total.    |
|----------------------|-----------|-----------|-----------|
| Unmarried, . . . . . | 15        | 4         | 19        |
| Married, . . . . .   | 12        | 6         | 18        |
| Widowers, . . . . .  | 3         | 0         | 3         |
| Widows, . . . . .    | 0         | 2         | 2         |
| Total, . . . . .     | <u>30</u> | <u>12</u> | <u>42</u> |

TABLE OF ADMISSIONS RELATIVE TO THE MONTHS OF THE YEAR.

|                                       | Males.    | Females.  | Total.    |
|---------------------------------------|-----------|-----------|-----------|
| From June to July, . . . . .          | 4         | 1         | 5         |
| „ July to August, . . . . .           | 1         | 0         | 1         |
| „ August to September, . . . . .      | 1         | 1         | 2         |
| „ September to October, . . . . .     | 6         | 2         | 8         |
| „ October to November, . . . . .      | 2         | 1         | 3         |
| „ November to December, . . . . .     | 1         | 0         | 1         |
| „ December to January 1838, . . . . . | 3         | 1         | 4         |
| „ January to February, . . . . .      | 4         | 0         | 4         |
| „ February to March, . . . . .        | 3         | 0         | 3         |
| „ March to April, . . . . .           | 1         | 1         | 2         |
| „ April to May, . . . . .             | 3         | 3         | 6         |
| „ May to June 18th, . . . . .         | 1         | 2         | 3         |
| Total, . . . . .                      | <u>30</u> | <u>12</u> | <u>42</u> |

TABLE OF OLD CASES, VIZ. OF MORE THAN TWELVE  
MONTHS' DURATION.

|                           |   |    |    | Males. | Females. | Total. |     |
|---------------------------|---|----|----|--------|----------|--------|-----|
| Remained 19th June 1837   | . |    |    | 64     | 55       | 119    |     |
| Received from table       | } | M. | F. | Tot.   |          |        |     |
| of recent cases           |   | 2  | 1  | 3      |          |        |     |
| Admitted since,           | . | 16 | 1  | 17     |          |        |     |
|                           |   | —  | —  | —      | 18       | 2      | 20  |
|                           |   |    |    |        | —        | —      | —   |
| Total,                    | . | .  | .  | .      | 82       | 57     | 139 |
|                           |   |    |    |        | —        | —      | —   |
| Discharged cured,         | . | .  | .  | .      | 1        | 0      | 1   |
| Do. improved,             | . | .  | .  | .      | 1        | 3      | 4   |
| Do. by desire,            | . | .  | .  | .      | 1        | 0      | 1   |
| Died,                     | . | .  | .  | .      | 6        | 1      | 7   |
|                           |   |    |    |        | —        | —      | —   |
| Total,                    | . | .  | .  | .      | 9        | 4      | 13  |
| Remaining 18th June 1838, | . | .  | .  | .      | 73       | 53     | 126 |
|                           |   |    |    |        | —        | —      | —   |
| Total,                    | . | .  | .  | .      | 82       | 57     | 139 |



TABLE OF RECENT CASES, VIZ., OF THOSE UNDER TWELVE  
MONTHS' DURATION.

|                                 |   |   |   | Males. | Females. | Total. |
|---------------------------------|---|---|---|--------|----------|--------|
| Remained 19th June 1837,        | . | . | . | 8      | 4        | 12     |
| Transferred to preceding table, | . | . | . | 2      | 1        | 3      |
|                                 |   |   |   | —      | —        | —      |
| Total,                          | . | . | . | 6      | 3        | 9      |
| Admitted since,                 | . | . | . | 14     | 11       | 25     |
|                                 |   |   |   | —      | —        | —      |
| Total,                          | . | . | . | 20     | 14       | 34     |
|                                 |   |   |   | —      | —        | —      |
| Discharged cured,               | . | . | . | 12     | 3        | 15     |
| Do. improved,                   | . | . | . | 0      | 0        | 0      |
| Died,                           | . | . | . | 1      | 0        | 1      |
|                                 |   |   |   | —      | —        | —      |
| Total,                          | . | . | . | 13     | 3        | 16     |
| Remaining 18th June 1838,       | . | . | . | 7      | 11       | 18     |
|                                 |   |   |   | —      | —        | —      |
| Total,                          | . | . | . | 20     | 14       | 34     |



TABLE OF THE DEATHS FOR THE PAST YEAR.

|                                        | Males. | Females. | Total. |
|----------------------------------------|--------|----------|--------|
| Of apoplexy, or of its consequences, . | 2      | 0        | 2      |
| Epilepsy, . . . . .                    | 1      | 0        | 1      |
| Delirium tremens, . . . . .            | 1      | 0        | 1      |
| Exhaustion, . . . . .                  | 1      | 1        | 2      |
| Dysentery, . . . . .                   | 1      | 0        | 1      |
| Influenza, . . . . .                   | 1      | 0        | 1      |
|                                        | —      | —        | —      |
| Total, . . . . .                       | 7      | 1        | 8      |

AGES OF THE DECEASED.

|                                       | Males. | Females. | Total. |
|---------------------------------------|--------|----------|--------|
| From 20 to 30 years of age, . . . . . | 2      | 0        | 2      |
| „ 30 to 40 „ . . . . .                | 2      | 0        | 2      |
| „ 40 to 50 „ . . . . .                | 1      | 1        | 2      |
| „ 50 to 60 „ . . . . .                | 1      | 0        | 1      |
| „ 60 to 70 „ . . . . .                | 1      | 0        | 1      |
|                                       | —      | —        | —      |
| Total, . . . . .                      | 7      | 1        | 8      |

NUMBER OF EPILEPTICS AMONG THE LUNATICS AT PRESENT IN THE  
ASYLUM.

| In Asylum.<br>144 Lunatics. | Mania. |    | Monomania. |    | Dementia. |    | Total. |    |
|-----------------------------|--------|----|------------|----|-----------|----|--------|----|
| Epileptic.                  | M.     | F. | M.         | F. | M.        | F. | M.     | F. |
|                             | 0      | 0  | 1          | 0  | 2         | 2  | 3      | 2  |

For reasons formerly alluded to we are under the necessity of making this Report as summary as possible.

By comparing the tables in the present Report with those given in former ones, it will be seen that the number of patients admitted during the past year is greater than it has been for some years preceding, and that the total number of cases in the House has also been greater; high as this number is, it would have been much higher had we had accommodation for all the applications for admission; but we were reluctantly obliged, for want of room, to refuse a considerable number. The want of accommodation being chiefly in the female wards, will account for the difference of number of the two sexes admitted. From the additions which have been made to the House during last year, we are happy to say that this deficiency has been in a great degree supplied.

Of those admitted several were insane before but had been cured—such cases are always more difficult to treat than others. The powers of the brain seem, by repeated attacks, to become gradually weaker, leaving the individual at last in a silly, childish, idiotic state. At least one half of those relapses have supervened without any known cause, and nearly the whole of the remainder can be distinctly traced to intemperance in the use of ardent spirits.

Two epileptics were admitted. In one case the malady was occasioned by excess of joy, on suddenly and unexpectedly recovering a stolen article on which he had set his heart. This occurred several years ago, and brought on convulsions, which have terminated in insanity. He is generally indolent, and often vicious and furious. In the absence of these paroxysms he is beneficially employed. When excited he gives utterance to the most cutting language. In this patient there was also an hereditary predisposition to the disease. Although he is a little improved since admission we yet consider his case hopeless. The other case is a lad seventeen years of age, whose convulsions succeeded an attack of fever thirteen years ago. He takes these fits very frequently, and he has been insane since their accession. This case also is hopeless.



A young girl, upwards of fifteen years of age, was admitted, labouring under hysterical mania of three or four years' duration. The cause of the disease in this instance, though rather uncertain, is supposed to be a fright. Her symptoms are remarkable. While sitting in the room, and without the slightest perceptible cause, she will spring up and roar in the most terrific manner, and as suddenly become quiet, and either sit like a statue, apparently unconscious, or speak calmly and intelligently. When she makes this noise she hideously distorts her features. She is very often vicious, and so powerfully violent that she has been known to clear the apartment of all the other patients.

A young man who was obliged, from his violence, to be restrained for some time, requested, after he became convalescent, to be allowed to sleep with one part of the confinement near him in bed, and much to his gratification this was agreed to. On being questioned, he gave for a reason, that when the article was near him he felt confident of being perfectly secure.

While we had a rhymers who covered every thing he could with the effusions of his genius, we had a musician who, when convalescent, acted as our precentor. The Chaplain, and indeed all who heard him, were much pleased with his performance.

In the spring of last year a cabinetmaker was admitted labouring under deep-rooted melancholy, who had been nearly twelve months affected. We tried all kinds of treatment, and at last by our perseverance have been entirely successful. In September he asked for his tools, they were immediately procured—a bench was got—and wood purchased; he shed tears—always said he was just going to begin to work, but something mental always prevented him, and he continued in this state till last April, when his depression almost left him, and he began to work in earnest. Since that time he has made handsome chests of drawers, &c., and has been cured, not more to the delight of his relatives than of us. This case is instructive, and shows how much can be done by a persevering plan of treatment, even with patients whose malady is of long duration.

Another lunatic who was bred a flesher, after he became convalescent, made himself generally useful, and slaughtered and cut up the pigs for the use of the Institution.

There are in the Asylum several old cases of remittent mania. In many of these cases the actions of the system are exalted to an extraordinary degree, and continued for a long period before nature becomes exhausted. The paroxysms generally come on without any very evident cause. As they are, however, more frequent in some cases in summer than winter, it is probable that heat has some effect in producing them. They vary too in their kind and duration. During the paroxysm the strength, even of old persons, is astonishingly great,—wakefulness, loquacity, obscenity, violence, foetor, &c., with a peculiarly vivid expression of eyes and countenance, are the most prominent symptoms. These paroxysms sometimes continue, without intermission, for days, weeks, or months, baffling all attempts to allay the excitement. But some of this unfortunate class of patients seem happy amidst their turmoil, and mischief—they appear absolutely overjoyed, singing and talking in the merriest strain possible, and in many respects resemble the drunkard when in a certain stage of excitement. By and bye a change suddenly takes place in their appearance—the pulse falls, the eye loses its lustre, they become quieter, heavy, sleepy, exhausted, stupid, and partially unconscious; they will then dose for days, perhaps weeks, passing their motions, involuntarily, requiring wine, and the most nourishing food, with the utmost attention, to keep them alive. Soon after gaining a little strength, the same state of excitement is suddenly reproduced, to be succeeded by the like depression, and this course will go on for years, till death puts an end to the scene. Nothing can be more remarkable or striking than the changes which take place in these lunatics. A stranger seeing them in their different states would scarcely believe that they were the same persons.

Patients whose malady intermits become fat and stout in the absence of their paroxysms; other lunatics, who are only occasionally irascible and obstreperous, are quickly relieved by medicine, baths, and seclusion, and generally in a day



or two are fit to resume their work. On the appearance of premonitory symptoms they are immediately removed from where they could do mischief to themselves or others.

The male and female lunatics reaped our corn in the most cheerful and able manner, and afterwards thrashed the oats, and took them to the mill to be ground into meal for the use of the House. It was certainly a very pleasing sight to see such people shearing.

They have also, with a little assistance, just erected a mound in one of the large airing courts, which enables them to see the river Tay, the shipping, the town of Dundee, and the surrounding country. This affords them great pleasure. It is a kind of square with four roads, each about five feet in breadth, leading up to it; the top is a circle of about thirteen feet in diameter, with a seat in the centre of the paved platform. The other parts of the mound have been sown with seeds, and grass is now rapidly making its appearance.

CAUSES.—We have great difficulty, and do not always succeed, in procuring a proper history of every case. The cause of the malady, in particular, is very frequently concealed from us; but, if we deduct the nine from the moral causes who are also hereditarily affected, we find, in those admitted, that the physical causes are the most productive of insanity. But in both classes the result is, that nearly one half have had an hereditary tendency to this disease. The slightest cause, or rather what would not at all affect others, is quite sufficient to produce the malady in those who derive the disorder from their parents. In some families the tendency is so strong that we have several times had more than one member of them.

TREATMENT.—MEDICAL AND MORAL.—As a general rule every individual case requires a different plan of treatment. Various remedies are employed; but we find, as stated in former reports, that there is no specific for the cure of insanity. Topical blood-letting is of the greatest service, so is dry cupping. Blisters, and a liniment composed of the tincture of cantharides, the spirit of hartshorn, and croton oil, applied twice or thrice to the shaven scalp have also

proved beneficial. General blood-letting is very rarely resorted to. Baths of all kinds and cold lotions are in constant requisition, and are used with great advantage. Calomel, jalap, salts, rhubarb, tartar-emetic, colocynth, and croton and castor oils are in general use. The grand principle of moral treatment consists in directing the mind of the patient from the subject or subjects on which it is deranged to those on which it is not. As reason is disordered, it is obvious that all attempts to restore it by merely discussing with the insane the subjects on which it is disordered must fail. No appeal to fact *versus* fiction proves useful; a self-evident proposition frequently, or rather generally, appears to them to be absurd. It requires, therefore, much firmness, much caution, and a clear judgment, as well as quick perception, in conjunction with the best feelings of our nature, to bring moral treatment to bear successfully on the mind of the lunatic. Occupation offers many advantages; and idleness to the insane, as well as to those of sound mind, is itself a punishment; and to that portion of the monomaniacs who converse rationally on ordinary subjects, and generally conduct themselves with propriety, occupation is both an amusement and a powerful agent in recovery. Perhaps the good effects of this plan are best seen in the violent lunatic immediately after he has been subjected to the necessary medical treatment. To the ordinary maniac it has been of great service; to those bordering on fatuity it has also done good; and we may indeed add, in all cases where tried it has proved in some degree beneficial. The very bustle, excitement, and change, that our manufacturing and other works create in the House do good; which is also in some measure felt by those lunatics whose high rank and education prevent them from joining in these healthful exercises. It must, however, be admitted that medical as well as moral treatment succeeds in a much greater degree in the recent than in the old cases. No accident whatever has occurred, since the introduction of this plan of moral treatment in 1830, notwithstanding all kinds of tools and implements are daily used by the patients. In addi-



tion to the healthful exercises in which the ladies and gentlemen engage, such as music, dancing, and walking into the town and neighbourhood, and—which have been alluded to before—they are permitted to go into the country for several hours, in open or close carriages, according as the weather, &c. permits. In regard to restraint, moral treatment may itself be considered as a means of restraint, for it has generally superseded the other articles used for that purpose. To apply restraint properly is a most difficult and most painful, though in some cases an absolutely necessary task ; and no one can execute this delicate business well who has not been accustomed to the treatment of the insane. It requires great humanity, great experience, and decided skill in the application of it. We have seen it have the most extraordinary good effect, owing in a great measure to the way it was applied.

We have no room to insert other cases to corroborate what we have advanced relative to the benefits derived from employment, not only to the curable but to the incurable—though we might, without going at length into the subject, be permitted to observe, that the latter work with great zeal and ability, and in this way show a good example to those of sound mind, although, from their extraordinary delusions, they are utterly unfit to be at large; for, were they not confined, we have no doubt, however peaceable and orderly they are here, that they would commit crimes for which, under other circumstances, some of them might forfeit their lives.

**PUBLIC WORSHIP.**—In this country the first institution which gave to its inmates the benefit of religious instruction was the Glasgow Royal Lunatic Asylum, and this was done, on the recommendation of its physician, nineteen years ago. In 1831, divine service was introduced here, the members of the Presbytery taking the duty Sabbath about, until a regular chaplain was appointed. Every succeeding Report has truly stated that nothing but good has resulted from its introduction, and that it has been and is highly appreciated by the lunatics in this Asylum, and to these statements we gladly bear testimony; and it is

gratifying to learn that the other private and public asylums which have followed the good example set by the Glasgow one, confirm what is here stated—thus showing not only the great utility, but the safety, of public as well as private worship, to those labouring under lunacy.

Since last Report we have added one query to those published by their author, Dr Balmanno, the gentleman alluded to above, and had the whole printed, in order that we may more readily procure a proper history of every case. A copy of these queries immediately follows this Report.

DEATHS.—From the nature of this charity we are obliged to receive all kinds of cases, not excepting those who may be presented in dying circumstances. One of the paralytics alluded to in last report sank in a very helpless state—convulsions carried off another, and a third, who had been in a drooping condition at home for a length of time, and while there severely cut his throat, died from pure exhaustion, but was made as comfortable as possible, in his state of mental misery, during the many months which he lived in the Asylum. A poor unfortunate creature, for whom there was no hope of recovery, was much injured before admission—part of his body being in a sloughing condition—he required the utmost attention and most nourishing diet, and his life, we have no doubt, was prolonged for some weeks solely in consequence of the treatment he received. Perhaps, in no case were the advantages of this benevolent institution to the poorer classes of this community so well seen as in this one. The other cases under the head of deaths require no particular notice, and the Table at the beginning of this Report gives the ages and diseases of which they died.

PATRICK NIMMO, Physician.

A. MACKINTOSH, Surgeon,—*Superintendent.*



# QUERIES.

RELATIVES or GUARDIANS, with the assistance of the Medical Attendant, are requested to annex, according to the best of their knowledge, precise Answers to the following Queries, or to as many of them as may be applicable to the case of the Patient.

| QUERIES.                                                                                                                                                                                                                                                                                  | ANSWERS. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. How long has the patient been insane?                                                                                                                                                                                                                                                  |          |
| 2. If the patient has been oftener than once insane, when did the malady first occur; how often did it occur before this last attack; in what forms, and of what duration?                                                                                                                |          |
| 3. How long before lunacy were any such precursory symptoms observed as the following, viz.—unusual depression or elevation of spirits, or any remarkable alteration in the temper, disposition, feelings, opinions, conduct, sleep, appetite, state of bowels, or health of the patient? |          |
| 4. What have been the prominent symptoms of the malady? has any obvious change in its form occurred? and does it appear to be increasing, declining, or stationary?                                                                                                                       |          |
| 5. Are there lucid intervals, or any great remissions, or exacerbations; and do such changes occur at uncertain times, or at stated periods.                                                                                                                                              |          |
| 6. Does the patient rave indifferently on various subjects, or chiefly on one? and what is that subject? Mention particularly any permanent or remarkable illusions.                                                                                                                      |          |
| 7. Has the patient ever threatened or attempted to commit any act of self-violence? and by what means?                                                                                                                                                                                    |          |
| 8. Has the patient ever made any premeditated or dangerous attempt to injure any other person? and how?                                                                                                                                                                                   |          |
| 9. Is the patient prone to tear clothes, or to break windows or furniture?                                                                                                                                                                                                                |          |
| 10. Since the commencement of the malady, what have been the patient's habits? State particularly whether the patient is attentive to the calls of nature.                                                                                                                                |          |



Causes.

| QUERIES.                                                                                                                                                                                                                                                                                        | ANSWERS. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 11. What is the age, and what was the profession or occupation of the patient ?                                                                                                                                                                                                                 |          |
| 12. Is the patient married or single, and was any relative of the patient ever insane ?                                                                                                                                                                                                         |          |
| 13. Before the commencement, either of the malady or of any of its precursory symptoms, had the patient been remarkable for any degree of oddity, eccentricity, or mental infirmity ? Mention predominant passions or prejudices, religious impressions, and any habitual vice or intemperance. |          |
| 14. Is the patient subject to periodical attacks of any other malady ; to any unusual discharge, or to suppression or obstruction of any <i>customary</i> discharge ; to sores, eruptions, rupture, epilepsy, or palsy ? Specify any bodily infirmity or disease of the patient.                |          |
| 15. Did the present fit of lunacy occur, or has any former fit occurred, during pregnancy or in childbed ?                                                                                                                                                                                      |          |
| 16. Was the head of the patient ever severely injured ?                                                                                                                                                                                                                                         |          |
| 17. What is supposed to have been the exciting cause of the malady ?                                                                                                                                                                                                                            |          |

Treatment.

- |                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 18. What has been done for the recovery of the patient ? and with what effect ?                                                                                                                                                                                                    |  |
| 19. Has the patient ever been treated for lunacy in any public asylum or private mad-house ? If so, how often, and how long on each occasion, has the patient been in any such establishment ? When, in what state, and, if not cured, for what reason was the patient dismissed ? |  |

(Signed)

## EXTRACT

*From Act of Parliament 55 Geo. III., cap. 69, anent Mad-houses in Scotland.*

And, if any medical person shall sign or give any such certificate or report, without having carefully visited and examined the person to whom it relates, and without having endeavoured to ascertain, in a proper manner, by such examination, and otherwise, that such person is a furious or fatuous person or lunatic, and proper to be confined in a house for the reception of such persons, every such medical person shall forfeit and pay for such offence or neglect, the sum of Fifty Pounds, and the expenses of recovering the same.

## ABSTRACT

OF THE

## DUNDEE LUNATIC ASYLUM ACCOUNTS.

*For the year ending 31st March 1838.*

Expenditure.

|                                                                                                    |        |     |      |
|----------------------------------------------------------------------------------------------------|--------|-----|------|
| To Salaries, .. .. .                                                                               | L.667  | 4   | 3    |
| „ Butcher Meat, .. .. .                                                                            | 248    | 3   | 3    |
| „ Incidents, .. .. .                                                                               | 248    | 0   | 3    |
| „ Bread, .. .. .                                                                                   | 157    | 2   | 10   |
| „ Butter, Cheese, and Oil, ..                                                                      | 93     | 15  | 6    |
| „ Milk, .. .. .                                                                                    | 167    | 19  | 6    |
| „ Sugar and Groceries, ..                                                                          | 172    | 10  | 11   |
| „ Coals, .. .. .                                                                                   | 175    | 4   | 8    |
| „ Potatoes, .. .. .                                                                                | 75     | 16  | 0    |
| „ Meal and Barley, .. .. .                                                                         | 138    | 17  | 10   |
| „ Furniture, .. .. .                                                                               | 82     | 10  | 4    |
| „ Manufacturing Utensils, ..                                                                       | 4      | 6   | 6    |
| „ Beer, .. .. .                                                                                    | 80     | 11  | 3    |
| „ Soap, .. .. .                                                                                    | 19     | 16  | 8    |
| „ Medicines, .. .. .                                                                               | 14     | 17  | 8    |
| „ Straw, .. .. .                                                                                   | 57     | 14  | 10   |
| „ Fish, .. .. .                                                                                    | 13     | 1   | 7    |
| „ Rental, .. .. .                                                                                  | L.92   | 17  | 9    |
| Less Rents received, 29 12 11                                                                      |        |     |      |
|                                                                                                    |        | 63  | 4 10 |
| „ Interest, .. .. .                                                                                | 294    | 1   | 4    |
| „ Deduct received on deposits and outstanding boards, .. .. .                                      | 23     | 0   | 5    |
|                                                                                                    |        | 271 | 0 11 |
| „ Property — for depreciation, on buildings taken down, furniture, manufacturing utensils, &c., .. | 424    | 15  | 10   |
|                                                                                                    | L.5181 | 15  | 5    |
| Excess of Income, ..                                                                               | 520    | 0   | 0    |
|                                                                                                    | L.3701 | 15  | 5    |

## Income.

|                                |        |    |   |
|--------------------------------|--------|----|---|
| Boards, ... ..                 | L.3207 | 14 | 8 |
| Patients' Labour, ... ..       | 159    | 4  | 9 |
| Store Account, ... ..          | 122    | 16 | 0 |
| Donations and Legacies, ... .. | 212    | 0  | 0 |

## State of the Debt.

|                                           |               |             |                                  |               |             |
|-------------------------------------------|---------------|-------------|----------------------------------|---------------|-------------|
| Provision in the House, 31st March, L.264 | 12            | 0           | Dundee Banking Company, per      |               |             |
| Outstanding Boards, ... ..                | 607           | 5 11        | Bond, ... ..                     | L.5000        | 0 0         |
| Store Account, ... ..                     | 62            | 10 0        | Kirk-Session, ... ..             | 841           | 19 3        |
| Dundee Banking Company, ...               | 248           | 3 0         | Mrs Nimmo and Family, ...        | 1650          | 0 0         |
| Alexander Mackintosh, ... ..              | 12            | 19 8        | Isobel Crichton, ... ..          | 231           | 0 0         |
| Mrs Hunter, ... ..                        | 6             | 11 0        | Boards advanced by Patients, ... | 12            | 2 0         |
| Debt, ... ..                              | 6568          | 9 0         | Balance due the Treasurer, ...   | 35            | 9 4         |
|                                           | <u>L.7770</u> | <u>10 7</u> |                                  | <u>L.7770</u> | <u>10 7</u> |

Expended on New Buildings.

|                  |    |    |    |    |    |                  |
|------------------|----|----|----|----|----|------------------|
| Mason Work,      | .. | .. | .. | .. | .. | £951 18 8        |
| Wright ditto, .. | .. | .. | .. | .. | .. | 838 14 6         |
| Plumber ditto,   | .. | .. | .. | .. | .. | 171 18 2         |
| Slater ditto, .. | .. | .. | .. | .. | .. | 54 18 0          |
| Smith ditto,     | .. | .. | .. | .. | .. | 41 2 4           |
| Plumber ditto,   | .. | .. | .. | .. | .. | 39 3 0           |
|                  |    |    |    |    |    | <hr/> £2097 14 8 |

### Donations.

|           |                                                                    |       |          |
|-----------|--------------------------------------------------------------------|-------|----------|
| 1837.     |                                                                    |       |          |
| April 17, | Legacy from the late Jean Muir,                                    | ...   | £10 0 0  |
| May 15,   | Ditto from the Trustees of the late Mrs Morton,                    |       | 100 0 0  |
| Aug. 4,   | Donation from Dr Haslam, London,                                   | .. .. | 2 0 0    |
| „ 14,     | Legacy from the Trustees of the late Rev. George Whitson, Brechin, | .. .. | 50 0 0   |
| Nov. 11,  | Legacy from the Trustees of the late Thomas Davidson, Esq.,        |       | 50 0 0   |
|           |                                                                    |       | £212 0 0 |

### TERMS OF ADMISSION.

The following is the present rate of board—subject, however, to such alterations as the Directors shall judge proper, and which must necessarily vary according to the state of the funds and the expenses of the Establishment. The board in all cases must be paid quarterly and in advance.

|                |           |                  |
|----------------|-----------|------------------|
| First Class,   | . . . . . | £0 5 0 per week. |
| Second ditto,  | . . . . . | 0 7 0 ..         |
| Third ditto,   | . . . . . | 0 10 6 ..        |
| Fourth ditto,  | . . . . . | 0 15 0 ..        |
| Fifth ditto,   | . . . . . | 1 1 0 ..         |
| Sixth ditto,   | . . . . . | 1 11 6 ..        |
| Seventh ditto, | . . . . . | 2 2 0 ..         |
| Eighth ditto,  | . . . . . | 3 3 0 ..         |

The first class—paupers belonging to the parishes that have contributed to the erection of the Asylum. The second class—all other paupers. Every patient who is certified by four respectable householders to be unable to pay 10s. 6d. of board per week, or whatever rate of board may be fixed by the Directors to be paid by Class 3d, and to have no relation able to pay this rate of board shall be considered a pauper, and admitted in Class 2d; but if the patient shall belong to any of the twenty-four parishes that have contributed £20 and upwards to the erection of the Asylum, such patient shall be admitted into Class 1st.

A fee, on admission, is paid to the Physician by the several classes of patients as under—

|                        |           |         |
|------------------------|-----------|---------|
| Third Class,           | . . . . . | £0 10 6 |
| Fourth ditto,          | . . . . . | 1 1 0   |
| Fifth and Sixth ditto, | . . . . . | 2 2 0   |
| Seventh ditto,         | . . . . . | 3 3 0   |
| Eighth ditto,          | . . . . . | 4 4 0   |

On the dismissal or death of a patient, after six and within twelve months, the fee is repeated; but if any patient shall remain longer than one year, the fee is to be repeated only at the end of every successive year of his residence in the Asylum.

*No Fees are paid for Paupers.*

The patients shall have no claim to remuneration for work done in the House.

One shilling per quarter is charged for mending clothes.

Each patient, when admitted, must be provided with the articles mentioned in the following lists, an inventory of which must be given to the Superintendent; and these articles must be kept up, and renewed when worn out.